	NEONATAL SEPSIS M	MATERNAL FORM
Infant's Name: _ Mother's Name: _ Hospital Name: _	(Last, First, M.I.) (Last, First, M.I.)	Infant's Chart No.:

Г	iospital Name.			
	* Patient identifier information is NOT transmitted to CDC ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) NEONATAL SEPSIS MATERNAL FORM			
SE	ECTION I			
ST	STATEID HOSPITAL ID (of birth; if home birth leave blank)			
Inf	fant Information Were labor & delivery records available? ☐ Yes (1) ☐ No (0)			
1.	Transferred or admitted to different hospital: Yes (1) No (2) No (2) No (2) No (2) No (2) No (2)			
2.	Gestational age of infant in completed weeks: (do not round up)			
Ma	aternal Information			
3.	Maternal admission date & time: / / year (4 digits) time Unknown (1)			
4.	Maternal age at delivery (years): years			
5.	Did mother have a prior history of penicillin allergy? ☐ Yes (1) ☐ No (2)			
	IF YES, was a previous maternal history of anaphylaxis noted? ☐ Yes (1) ☐ No (2)			
6.	Date & time membrane rupture: / / Unknown (1)			
7.	Was duration of membrane rupture ≥18 hours? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)			
8.	Did mother have rupture of membranes with or without labor before 37 weeks? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)			
9.	If membranes ruptured at <37 weeks, did membranes rupture before onset of labor? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)			
10.	Type of rupture: Spontaneous (1) Artificial (2)			
11.	. Type of delivery: ☐ Vaginal (1) ☐ Vaginal after previous C-section (1) ☐ Primary C-section (1) ☐ Repeat C-section (1) (Check all			
	that apply) ☐ Forceps (1) ☐ Vacuum (1) ☐ Unknown (1)			
	If delivery was by C-section: Did labor or contractions begin before C-section? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)			
	Did membrane rupture happen before C-section? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)			
12.	. Intrapartum fever (T ≥ 100.4 F or 38.0 C):			
	IF YES, 1 st recorded T ≥ 100.4 F or 38.0 C at://			

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13.	. We	ere antibiotics given to the mother intrapartum? ☐ Yes (1) ☐ No (2) ☐ Unknown (9)	
	IF YES, answer a-d		
	a)	Date & time antibiotics 1st administered: (before delivery) //	
	b)	Antibiotic 1:	
		Antibiotic 2:	
		Antibiotic 3:	
		Antibiotic 4:	
		Antibiotic 5:	
		Antibiotic 6:	
С	;)	Interval between receipt of 1st antibiotic and delivery: (hours) (minutes)	
d	l)	What was the reason for administration of intrapartum antibiotics? (Check all that apply)	
		☐ GBS prophylaxis (1) ☐ C-section prophylaxis (1) ☐ Mitral valve prolapse prophylaxis (1)	
		☐ Suspected amnionitis (1) ☐ Other (1) ☐ Unknown (1)	

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